MENTAL HEALTH SERVICES ACT
CAPITAL FACILITIES

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Introduction

The Mental Health Services Act (MHSA) provides funding for services and supports that promote wellness, recovery and resiliency for adults and older adults with severe mental illness and for children and youth with serious emotional disorders and their family members. In order to receive MHSA Community Services and Supports funding, each county must develop a three-year program and expenditure plan. A portion of the MHSA funds (approximately $325 million over a 4-year period, through 2007-2008) can also be used for capital facilities and technological needs to support community-based integrated service experiences for clients and their family members, consistent with the county's Community Services and Supports Program and Expenditure Plan. Capital facilities can include housing and other buildings that enable mental health clients and their family members to live in the most independent, least restrictive housing possible in their local community and to receive services in community-based settings that support wellness, recovery and resiliency.

The Department of Mental Health (DMH) asked the Corporation for Supportive Housing (CSH) to develop this paper to describe how the MHSA capital funds can be used to support the transformation of the public mental health delivery system in California into a system oriented to wellness, recovery, resilience, and the reduction of involuntary services. Decisions about how MHSA capital funds are used must be guided by this overarching transformation goal. This document is a draft to facilitate stakeholder input.

CSH developed this paper by gathering ideas and opinions from clients, their family members, service providers, housing developers and other key stakeholders. CSH and partner organizations conducted focus groups with clients including transition age homeless youth and monolingual individuals. Mental Health Directors from large, medium and small counties including metropolitan, exurban, and remote, rural counties were interviewed. Additional information came from discussions with people from statewide, regional and local groups that represent mental health service providers and organizations that serve clients (including children/youth, transition-aged youth, adults, and older adults) and their family members.

The main purpose of this paper is to suggest ideas for how the capital funds could be used to meet the goals of the MHSA so that DMH can get stakeholder feedback. The paper <u>does not</u> suggest how the capital funds should be divided among the counties or what counties must do to receive the capital funds.

Ideas on any part of the paper are welcome and encouraged. This paper will be revised to include stakeholder input. A companion MHSA Housing Tool Kit with additional information on resources and best practices will also be available.

Principles for Use of MHSA Capital Funds

MHSA funds are to be used to fundamentally transform the public mental health delivery system in California with the goal of a system oriented on wellness, recovery, and resilience. Decisions about how to use the MHSA funds available for capital expenditures must be guided by the overarching transformation goal. Each county's ideas about how to use capital funds should be viewed alongside the county's Community Services and Supports Plan. The county should clearly demonstrate how the planned use of the capital money would create resources to support the implementation of the Community Services and Support Plan.

Capital investments should:

- Produce long-term impacts with lasting benefits for clients such as an increase in community-based, less restrictive settings, housing stability and/or savings by reducing ongoing costs including inappropriate incarceration or institutionalization
- Increase the number and variety of community-based facilities, which support integrated service experiences for clients and their family members
- Support a full continuum of community-based living options that promote client choice and preferences, client independence, and client integration in the larger community
- Develop community-based living options that will be available for the long term such as housing that is owned by community-based non-profits and dedicated to long-term use by clients or leases that guarantee access and affordability for an extended period of time
- Leverage additional funding for client housing and buildings where clients receive services and supports from other mainstream local, state and federal sources

In designing a process for distributing the capital funds to each county, DMH will consider the following:

Flexibility: The capital funds should be made available for a broad range of facilities and housing options. There are real and important differences among the counties and sometimes within large counties. Local planning for and control of how resources are used will be critical to successful efforts to expand the number and variety of facilities and housing options for clients. A "one-size-fits-all" approach will not encourage stakeholder participation and community collaboration.

Program guidelines: While flexibility is important, counties should have a set of guidelines that provide a framework for how the MHSA funds can be used, as well as the DMH administrative process for distributing the funds and monitoring use of these funds.

Coordinate or partner with local housing agencies: The administration of MHSA capital funding for housing should be closely coordinated with local agencies such as housing authorities, city and/or county departments of Housing and Community Development, local homeless programs, and/or redevelopment agencies.

One stop shopping: To speed up the development timeline for facilities and housing, encourage counties, working in partnership with other local government agencies where necessary, to "bundle" all the types of funding needed to build or renovate and operate the facility in a single package, subject to review of a single application, to the maximum extent feasible. DMH will establish inter-agency partnerships at the state level to expand opportunities for "bundling" investments in housing for clients served through MHSA.

Memorandum of Understanding for partners and County Mental Health Department: For each capital project, whether the facility or housing is created by new construction, renovation, master-leasing or other arrangements with private landlords, a Memorandum of Understanding (MOU) should be completed that spells out the roles, responsibilities and expectations of all project partners including the County Department of Mental Health. This MOU should also list the terms and duration of all funding commitments for operating and services costs. DMH should develop a standard MOU form to which counties can add sections and/or adapt language to meet local needs and conditions.

Learn from successes/failures of existing and previous programs: Take a look at other programs that have funded facilities and housing for mental health clients – including examples from California and other states. Adopt the best practices and learn from those that didn't work well.

Take a non-cookie-cutter approach: Structure a program to distribute the MHSA capital funds that allows experienced developers to move quickly to create facilities and housing but also enables smaller developers to build or renovate at an accelerated pace. On a parallel timeline, offer training, technical assistance and tools to increase the number of organizations that can develop and operate facilities and housing.

Options for Distributing the MHSA Capital Funds

As mentioned earlier, it is important that MHSA capital funds be used to create or expand facilities that are directly linked to the implementation of the Community Services and Supports Plan. County proposals for the use of the MHSA capital funds should be closely examined to make sure that the projects proposed:

- Meet a specific local need
- Are financially viable (all the funding needed for the project has been identified and the majority of the funding necessary is secured)
- Can become operational in a reasonable time frame (generally 12 months for renovation, 18 months for new construction, although longer time frames may be appropriate for larger development projects that require complex financing, or for investments to secure land that will be used for future development.)

MHSA capital funds could be available as:

Grants: tied to specific outcomes that must be met within a defined period of time. For example, grant funding could pay for costs that other capital sources usually won't cover such as finding the property or building, obtaining an appraisal, environmental review of the site, initial architectural drawings.

Loans: forgiven after the facility or housing has been used for a specific time – such as 20 years – for an eligible use such as client housing or community-based treatment.

Loans: 0% interest loans for pre-development costs such as purchasing land or buildings – that is repaid from another source of permanent financing.

Loans: to be partially repaid from any funding that remains once the housing or facility has been completed and is open.

Housing/Facility Needs Identified

Many stakeholders contacted by CSH have not yet focused on how the MHSA capital funds could be used. When presented with some preliminary ideas, many identified more housing options for clients as a priority. There is strong agreement that safe, affordable housing is critical to recovery, resiliency and wellness. This belief is confirmed by initial outcome information gathered from the AB 2034 programs which show that clients who received housing were much more likely to stay enrolled in the program.

Clients and other key stakeholders suggested the following uses of MHSA capital funds:

- Acquisition and rehabilitation costs for developing facilities for community-based crisis stabilization ("23-hour") and crisis residential facilities that provide an alternative to hospitalization for clients who experience acute psychiatric crises
- Crisis stabilization ("23-hour") and crisis residential facilities for children and young people separate from adult facilities. Short-term (a few days to a few weeks) community-based residential care to avoid hospitalization and allow for a quick return to the family
- Expanded and/or de-centralized facilities for outpatient mental health clinic services located in areas that are more accessible to clients
- New mental health clinic capacity co-located with community-based primary care clinics to better integrate mental health with other health services, particularly for clients who find care in community clinic settings to be less stigmatizing and more culturally appropriate, and for those who have co-occurring medical and mental health conditions
- Purchase, construction, and/or renovation costs to create Family Resource Centers that provide one-stop service settings for family members with seriously emotionally disturbed children or youth. Family Resource Centers can provide easy access to services and supports, including services operated by peers and family members and community-based organizations. The one-stop service setting can also make it easier for public and private agencies that are part of the mental health, juvenile justice, child welfare, social service and other systems to work together if staff are placed in this community-based location.
- Renovation of existing space or purchase/renovation of modular buildings that can be placed on school campuses for school-based mental health services
- Community-based residential treatment for youth with co-occurring disorders
- Community-based residential treatment for adults with co-occurring disorders, including facilities where parents can receive treatment while caring for their children, avoiding out-of-home placements
- Community-based diagnostic/assessment centers for children and youth, which encourage the participation of family members in the diagnostic/assessment process
- Crisis or interim housing for youth where the length of stay is not time-limited
- Facilities for client/peer-operated wellness and recovery support centers
- Renovation and expansion of existing mental health clinic space to relieve crowding and make the facility more welcoming and client-friendly

- Separate waiting rooms and/or entrances for young people with emotional or behavioral problems who may find it difficult to use a crowded clinic waiting room
- A range of housing options for clients and their family members

While there is a broad range of opportunities for investing MHSA funds for capital facilities, several considerations should guide planning and decision-making.

- Separate facilities may be needed for adults, transition-aged youth, and children – even when addressing similar needs for services and supports.
- Facilities that provide opportunities for inter-generational services and supports for families can reduce out-of-home placements for children and facilitate family reunification.
- Co-location with other community services and supports can reduce stigma and improve access, facilitate community collaboration, and provide an integrated service experience for clients and their families. These approaches will require determining the appropriate share of costs that should be paid from MHSA funds.
- De-centralized facilities can offer services in locations that are more accessible to clients and their families.

The MHSA added the following language to the Welfare and Institutions Code Division 5 Section 5847: "All plans for proposed facilities with restrictive settings shall demonstrate that the needs of the people to be served cannot be met in a less restrictive or more integrated setting."

A number of stakeholders made the point that use of MHSA funds for capital investment in the acquisition and/or renovation of treatment facilities may result in long-term savings in the costs of services, by providing protection from rising costs for renting facilities. The use of one-time funds for capital investments that reduce costs in future years can increase the purchasing power of funds for Community Services and Supports. The availability of capital funding for facilities may make it easier to expand services delivered by community-based organizations in under-served communities. Some of these community-based organizations may not be able to secure capital funding from other sources because they do not have the ability to provide required matching funds, or to repay loans. The MHSA capital funds are an important new resource for these providers who, working in partnership with the counties, can use these funds to expand community-based treatment and housing options for clients and their family members.

Initial Priority Populations for MHSA Capital Funds

The MHSA-eligible population includes children/youth, transition age youth, adults and older adults with mental health treatment needs that are un-served, underserved and inappropriately served. The draft Program and Expenditure Plan Requirements for Community Services and Supports directs counties to determine through a planning process which populations are the most appropriate to focus on during the initial 3 years of MHSA implementation. This planning should be done in the context of community issues stemming from untreated mental illness including homelessness, inability to work, social isolation, involuntary care, institutionalization and jail. In the draft Program and Expenditure Plan Requirements, DMH lists recommended initial populations based on public concern and the MHSA:

- Children and youth with serious emotional disorders and their family members who are not currently being served. This will generally be youth and their family members that are uninsured and/or youth who are not eligible for Medi-Cal because they are in the juvenile justice system. Children and youth who are so underserved that they are at risk for out-of-home or out-of-county placement are also included.
- Transition age youth with serious emotional disorders who are homeless or at imminent risk of homelessness and youth who are aging out of the child and youth mental health, child welfare and/or juvenile justice systems.
- Adults with serious mental illness, including adults with a co-occurring substance use disorder and/or health conditions who are homeless and/or involved in the criminal justice system. Individuals who are so underserved that they are at imminent risk of homelessness, criminal justice involvement or institutionalization are also included.
- Adults 60 years and older with a serious mental illness who may have a co-occurring disorder and are homeless, and are so underserved that they are at risk of institutionalization, nursing home care, hospitalization or emergency room services.

Priority Population for Housing

When considering the use of MHSA funds for housing, many people contacted by CSH indicated that they believe that the top priority focus should be on adults with serious mental illness who are homeless or inappropriately housed in a restrictive setting – for example, residents of an IMD who could live in a community-based setting if appropriate supports were available but are not able to do so because of the scarcity of such housing options. Transition age youth with serious emotional disorders who are at high risk of becoming homeless were also mentioned as a top priority as very few appropriate housing resources currently exist for this very vulnerable group. It was also noted that family

members of children and youth with serious emotional disorders may be experiencing significant housing instability which interferes with treatment and recovery but goes unrecognized as a factor contributing to family stress.

Client Housing Preferences

In a series of focus groups, clients and family members were asked about their housing preferences. A significant majority indicated they would prefer to live alone in their own apartment in a location where voluntary services are available on-site or nearby in the community. Most clients were willing to pay more rent to have their own apartment. However, if they had to live with others, clients would prefer to have their own room and live with friends or other un-related adults. Some parents expressed a preference for living in a setting with other clients and their family members while others raised concern that living with other identified clients could be stigmatizing for children, youth and other family members. A slight majority of clients preferred clean and sober housing but many said they would not live in a place with rules that prohibited drinking. Overall, the information gathered from clients confirms the need for a range of housing options so that clients have real choices about where and with whom they live.

Creating More Housing Options for Clients

Housing can be created in a number of ways:

- Development of new buildings
- Acquisition and renovation of existing buildings including apartment buildings and single-family homes and conversion of non-residential buildings into lofts or apartments
- Long-term lease agreements with private landlords – for single units or an entire apartment building (master leasing with the client-serving organization holding the lease and then subletting to clients)
- Identifying private landlords who will rent directly to clients, then matching clients to available units

Three types of financing are required to create housing options to meet the needs of clients:

Capital: money to buy vacant land for a new building, to construct the building or to buy a building and renovate (if necessary) or for long-term lease of properties. MHSA capital funds can be used for these purposes. Capital is not needed if the housing units are rented from private landlords.

Operating: in order to make housing affordable for clients, the operating costs of the housing must be subsidized because the amount of rent that is affordable for the client will not pay for the full costs of operating the housing. Operating

subsidies cover this gap between what the client can afford to pay in rent and the true costs of operating the housing. Operating costs include rental subsidies, operating reserves, property management, security, maintenance, insurance, and utilities. MHSA capital funds can be used to capitalize a reserve for these purposes and MHSA Community Services and Supports funding can also be used for client rental subsidies.

Services: in order to get and keep housing, many clients need access to voluntary services including health, mental health, representative payee/money management, vocational, and recreational services. Some or all services may be offered at the housing site or provided in other community-based settings. Because most clients cannot afford to pay the full cost of the services they need, these service costs must be paid for by other sources. MHSA Community Services and Supports funding can be used to fund services linked to or available at client occupied housing.

Potential Uses for MHSA Capital Funds to Develop Community-based Treatment Facilities and Client Housing Options

MHSA funds could be used, in combination with other resources; to develop facilities to support community-based mental health service delivery and a range of housing options for clients. MHSA funds should generally not be the only source of funds used for capital or operating costs.

Capital:

- Construction of new facility or housing, including costs of land purchase
- Acquisition and renovation of existing buildings
- Land bank – purchase lots now for future development. Particularly important in communities with rapidly rising land costs
- Revolving loan fund for project developers
- Revolving loan fund for housing purchased by client self-help groups
- Revolving loan fund for facilities purchased by or for client/family operated services
- Adapting strategies for rural counties – for example, a multi-site housing initiative that coordinates development and financing for projects that build four-plexes in several rural communities

Operating:

- Use funds as subsidies to secure a long-term set-aside of units within projects that serve other low/moderate income residents
- Use funds to set up a reserve fund to subsidize ongoing operating costs

Use of MHSA Funds to Leverage Other Sources of Funding for Capital Projects and Client Housing

MHSA Capital facilities funds can be used for capital costs (purchase of property or land, building or renovation) and for capitalized reserves (to fund the gap between actual operating costs of the facility or housing, and what clients can pay in rent) for operating costs of capital projects. MHSA Community Services and Supports funds can be used for rental subsidies to make housing affordable for clients and for services. It is also important to know that a commitment of MHSA funding for services in or linked to a facility or housing development may also make it easier for the project sponsor to get capital or operating funding from other sources.

There are also other sources of funding for capital, operating costs and services. In local planning for the use of MHSA funds, it will be important to identify these other sources and use the MHSA funds strategically to match or leverage these other sources. MHSA funds can fill gaps in other funding, making the facility or housing development project feasible and/or speeding up the development timeline. It should also be recognized that MHSA funds might also be used to create housing opportunities for clients who are not eligible or a priority population for other sources of capital, operating and services. For example, some funding that can be obtained from the federal Department of Housing and Urban Development (HUD) is restricted for use in housing that is targeted to people who have been homeless for the long-term, or those who are currently living in emergency shelters or "on the streets."

There are also activities going on that may offer opportunities to coordinate the use of MHSA funds with other resources. For example, many communities are developing Ten-Year Plans to End Chronic Homelessness and using new or redirected dollars, controlled by cities or counties and/or obtained from the federal government, to implement these plans. The opportunities to match MHSA dollars to other resources will be different in each county but it is important to investigate what is available locally during the planning process. Additional information about other financing resources will be provided in the MHSA Housing Tool Kit.

Governor's Chronic Homelessness Initiative

The Governor's Budget May Revision proposes an inter-agency Chronic Homelessness Initiative, which would coordinate investments from DMH, the California Housing Finance Agency (CalHFA), and the Department of Housing and Community Development (HCD). These agencies are coming together to leverage investments in affordable housing and supportive services for chronically homeless persons. Up to $40 million from housing bond funds (provided by Proposition 46) will be redirected to provide loans to housing developers. $2 million from the State's share of MHSA funds will be available for rent subsidies, and $400,000 will be provided to establish collaboratives at the

local level to assist counties in developing projects to promote stable housing for people who are homeless and mentally ill.

Key Challenges to Using MHSA Capital Funds

Developing facilities and housing used by clients and their family members is complicated and can take a long time. Counties that use MHSA funds to expand the array of community-based service facilities and housing for clients will likely face one or more of the challenges listed below and will need to develop strategies to meet and resolve them.

- *NIMBY:* (Not In My Back Yard) is a term used to describe opposition by residents of neighborhoods or communities to the location of clinics, treatment facilities, client clubhouses or housing for clients and their family members in their neighborhood. Effective strategies to combat this opposition include outreach to and education of community residents, tours of existing community-based service centers or client housing and providing a "hotline" number where neighbors can call to express concerns about the property once the facility or housing is operational. Counties and clients should also be aware of resources to inform themselves and their communities regarding legal rights under fair housing and disability law.
- *Facility or housing development timeline*: There are many reasons that it takes a long time to promote stable housing for people who are homeless and mentally ill. Develop community treatment facilities or client housing. Sometimes it is difficult to find property, especially in high-cost real estate markets. There may be neighborhood opposition (see NIMBY above) that can delay or block the purchase of the property. Collecting all the necessary approvals for zoning, environmental issues and funding is time-consuming as well. Typically, each project must use several sources of funding. Each source may have a different application process and decision timeframe. Usually actual development – construction or renovation – cannot begin until all the financing is in place. Successful strategies for speeding up the development timeline typically include some type of "one-stop shopping" where the project sponsor can file a single application for all the funding needed to develop the project. In this situation, multiple funders agree to coordinate their application process, decision-making criteria and timeframe for making funding decisions. Counties that want to develop new community treatment or housing options for clients should start by developing strong collaborations with the local government departments or agencies that control federal, state and local funds that can be used for capital and operating costs.
- *Risks related to future costs for operating and services*: The funding for construction or renovation is "one-time" but funding for operating costs and services must be obtained on an on-going basis. Some sources of operating costs have one-year terms while others may be for 5 or 10 years. Funding for services is typically available only for one year and the project operator has to

apply for renewal funding every year. The relatively short-term commitments (1-5 years) of funding for operating and services may discourage investors (public and private) from committing capital funds. Successful strategies for reducing the risks related to future costs include getting funders to commit to longer terms or getting money to create a "reserve fund" that can be used to cover unexpected gaps or delays in receiving funding for operating or service costs. MHSA capital funds may be used in this way. It may also be possible to use on-going Community Services and Supports funding to meet this need.

- *Partnerships:* Typically, development of housing or other facilities requires a partnership between or among organizations with different skills and experience. One organization may develop the facility or housing but a different organization may own and operate it. Property management services may be provided by an organization that does not actually own the building. Services may be provided by one or more organizations that don't own or operate the building. Access to housing may be through a partnership with multiple private landlords. These partnerships must work well to ensure smooth operation of the facility and housing stability for clients. It is very important to clearly establish roles, responsibilities and expectations when forming partnerships. Effective partnerships also require on-going attention to quality and accountability. Successful partnerships usually formalize roles, responsibilities and expectations in written agreements, which are reviewed and revised as needed on a regular basis.

Conclusion

The MHSA offers a rare combination of opportunity and resources. This paper is intended to serve as a starting point for making strategic decisions about how to use the MHSA capital funds to achieve the goal of system transformation so that clients and family members are offered an integrated, community-based service experience focused on wellness, recovery and resilience.

Attachment 1: What is Supportive Housing?

Supportive housing is an evidence-based approach that links housing with services. The housing is typically permanent, affordable, and independent. The services are usually voluntary and responsive to the needs of the tenants.

Supportive housing can be implemented through a variety of models, and can be adapted to the unique needs and characteristics of communities. Variations in tenant preference, program philosophy, housing type, size, location, tenant mix, staffing, and level of support are among the many elements that make each housing site different from the next. Supportive housing is different from treatment, transitional housing, or licensed community care.

While there are many models of supportive housing, six key dimensions of best practice have been identified:

Housing Choice

- Clients have opportunities and assistance in exploring a range of housing options/preferences.
- Clients have the choice of living alone or with family members or roommates that they select.
- Clients/tenants are offered a choice of units (within the limits of available resources). There are several ways in which housing choice can be achieved, including these examples:
  - Offering clients tenant-based rent subsidies that can be used to rent an apartment from any willing landlord with a unit that meets program standards (e.g. quality, cost)
  - Offering clients a choice of units within a project if there is more than one vacancy
  - Offering clients the option to reject a unit offered in a project while maintaining eligibility for other types of housing assistance
  - Offering the option of tenant-based rent subsidies to residents who have lived in a building with on-site services after a period of successful tenancy
  - Allowing tenants to furnish their own living space in buildings that offer furnished rooms or apartments

Housing and Services Roles are Distinct

- Housing (and/or housing subsidies) and support services are provided by separate organizations or by separate divisions within the same organization.
- Housing and support services staff have distinct roles that are clearly defined, and they report to different supervisors.

- There are clear procedures for communication between housing and support services staff, including procedures to safeguard privacy and confidentiality while also providing for coordination to help tenants maintain housing stability and to address clients' needs and preferences.

Housing Affordability

- Tenants pay no more than 30-50% of their income for rent (preferably closer to 30%).
- Tenants with extremely limited or no income have access to attractive and safe low-income housing that is further subsidized by project-based rental assistance.
- Tenants receive and/or are offered assistance in obtaining and maintaining eligibility for subsidies that help cover rent costs if needed.

Integration

- Housing is in buildings that include a mix of people with and without a diagnosis of mental illness, and/or
- If housing is provided in buildings that include only people with a diagnosis of mental illness, the buildings fit into the surrounding neighborhood in terms of scale, quality, and appearance.
- Housing is located in neighborhoods that offer opportunities for access to a wide range of community resources, including opportunities to establish relationships with people with and without disabilities.

Tenancy Rights/Permanent Housing

- Clients/tenants can keep their housing as long as they pay the rent and don't violate terms of a lease or rental agreement.
- Lease or rental agreement terms and house rules (e.g. about pets, visitors, use of shared facilities) are the same as those offered to tenants without disabilities.
- Each person or household (which may include family members or room-mates chosen by the client) has privacy in his/her/their own living quarters; bedrooms are not shared with un-related person unless desired.
- Each resident controls access to his/her own unit.

Services are Recovery-Oriented and Adapted to the Needs of Individuals

- Clients can accept or refuse treatment and support services without losing their housing.
- Services are designed to help clients get and keep stable housing.
- Services are flexible and adapt to meet clients' changing needs.

- Services address a range of needs including mental health, substance use management and recovery, community living, and employment.
- Services are designed to help clients access a wide array of opportunities in the community.

Attachment 2: What Has Been Learned from AB 2034 Implementation?

County experience in implementing AB 2034 should inform the decisions about how to use MHSA capital funds in order to establish the range of housing options necessary to realize the transformation agenda. Overall, there is consensus that:

- There is an inadequate supply of decent affordable housing for mental health clients
- In many communities, resources to develop/operate more affordable housing, including capital and rental subsidies, are very limited
- In some communities, there are few affordable housing developers

The AB 2034 experiences suggest that counties are using a wide range of housing strategies. Some strategies are being used by nearly every county – and offered to virtually all clients:

- Advocacy on behalf of individuals to help them find and get housing
- Supportive services to help people keep housing
- Back-up problem-solving help for landlords

Other widely implemented housing strategies:

- Assist clients to apply for housing subsidies (e.g. Section 8 or Shelter + Care)
- Provide short-term subsidies or help with move-in costs
- Offer long-term rent subsidies to some clients
- Offer temporary or transitional housing to get people off the streets and/or for respite/crisis
- Actively recruit landlords, systematically finding available units, making arrangements with landlords to secure the next vacant unit
- Master-lease buildings or apartments within buildings and sub-leasing units to clients
- Secure dedicated or set-aside units for clients

Larger and urban counties are also administering rental subsidy programs using state or federal subsidy programs or partnering with other public agencies that control rent subsidies to make these subsidies available to clients. Some smaller counties are offering maintenance or cleaning services either ongoing to help clients keep the housing or when clients move out to encourage landlords to rent to other clients.

A small but growing number of counties are developing or operating permanent supportive housing either directly or more often through contracts with non-profit providers. AB 2034 funds (especially one-time funds) are being used to buy or

master-lease and renovate apartments or buildings that will be rented to clients. Other counties are working with supportive housing providers to get AB 2034 clients into existing units.